

**DEPARTMENT OF COMPUTER SCIENCE
FITCHBURG STATE COLLEGE**

COURSE PREREQUISITE WAIVER FORM

Student's Name & ID: _____

Course to be taken (name and number): _____

Prerequisite to be waived (name and number): _____

Semester & year: _____

Explain why you think the course prerequisite should be waived for you, and then take this form to your advisor, instructor of the course and the department Chair in that order.

Advisor's signature: _____ Date: _____

Approve: _____ Disapprove: _____ Comments:

Instructor's signature: _____ Date: _____

Approve: _____ Disapprove: _____ Comments:

*Chair's signature: _____ Date: _____

Approve: _____ Disapprove: _____ * Chair's decision is final at department level.